

Internship Application
Office of Senator Charles E. Schumer

General Information

Last name		First and middle names		
Permanent mailing address			Phone numbers (include area code)	
			Permanent ()	
City	State	ZIP Code	Mobile ()	

Current mailing address (effective until)			Phone number (include area code)	
			Current ()	
City	State	ZIP Code		

Education

College or university attending.				
Name		Major(s)		Year degree will be received
City	State	ZIP Code		
Foreign languages				

Internship opportunities

Please circle location(s) where you would prefer to complete your internship (may choose more than one).

Albany	Hudson Valley	Rochester
Binghamton	Long Island	Syracuse
Buffalo	New York City	Washington

Availability

Circle term for which you are applying.

Please indicate dates of availability.

	Summer	Fall	Spring
	to		
	Day	Hours	
Please circle days and indicate hours which you would be available.			
	Monday		
	Tuesday		
	Wednesday		
	Thursday		
	Friday		

I **certify** that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I **understand** that false or fraudulent information on or attached to this application may be grounds for not hiring me or firing me after I begin work.

SIGNATURE

DATE SIGNED